**Edwin Fair CMHC**

**Oklahoma Systems of Care Assessment**

**Caregiver Version**

**to be completed by caregivers of children, youth, and young adults aged 0 through 25**

Staff Name: Staff Phone #:

Site: Assessment Date: / /

Youth Name: SOC ID:

Completed by:  Mother  Father  Step-Mother  Step-Father

Foster Parent  Sibling  Aunt / Uncle  Grandparent

Other

Assessment Type:  Baseline  3-Month  6-Month  12-Month

18-Month  24-month  30-Month  36-Month  Exit

**Ohio Scales (not required for youths under 6 years of age)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Youth Problem Scale**  (Copyright © January 2000, Benjamin M. Ogles & Southern Consortium for Children)  **Instructions:** Please rate the degree to which your child has experienced the following problems in the past 30 days. | **Not at All** | **Once or Twice** | **Several Times** | **Often** | **Most of the Time** | **All of the Time** |
| 1. Arguing with others | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Getting into fights | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Yelling, swearing, or screaming at others | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Fits of anger | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Refusing to do things teachers, parents, or employers ask | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Causing trouble for no reason | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Using drugs or alcohol | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Breaking rules or breaking the law (out past curfew, stealing) | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Skipping school, classes, or work | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Lying | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Can’t seem to sit still, having too much energy | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Hurting self (cutting or scratching self, taking pills) | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Talking or thinking about death | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Feeling worthless or useless | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Feeling lonely and having no friends | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Feeling anxious or fearful | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Worrying that something bad is going to happen | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Feeling sad or depressed | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Nightmares | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Eating problems | 0 | 1 | 2 | 3 | 4 | 5 |
| **TOTALS** |  |  |  |  |  |  |
| **TOTAL** | | | | | |  |
| **Problems Score of 25 and above = *Critical Impairment*** | | | | | | |

**Ohio Scales (not required for youths under 6 years of age)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Youth Functioning Scale**  (Copyright © January 2000, Benjamin M. Ogles & Southern Consortium for Children)  **Instructions:** Please rate the degree to which your child’s problems affect his or her current ability in everyday activities. Consider your child’s current level of functioning. | **Extreme Troubles** | **Quite a Few Troubles** | **Some Troubles** | **OK** | **Doing Very Well** |
| 1. Getting along with friends | 0 | 1 | 2 | 3 | 4 |
| 1. Getting along with family | 0 | 1 | 2 | 3 | 4 |
| 1. Developing relationships with boyfriends or girlfriends | 0 | 1 | 2 | 3 | 4 |
| 1. Getting along with adults outside the family (teachers, principal, employer) | 0 | 1 | 2 | 3 | 4 |
| 1. Keeping neat and clean, looking good | 0 | 1 | 2 | 3 | 4 |
| 1. Caring for health needs and keeping good health habits (taking medicines or brushing teeth) | 0 | 1 | 2 | 3 | 4 |
| 1. Controlling emotions and staying out of trouble | 0 | 1 | 2 | 3 | 4 |
| 1. Being motivated and finishing projects | 0 | 1 | 2 | 3 | 4 |
| 1. Participating in hobbies | 0 | 1 | 2 | 3 | 4 |
| 1. Participating in recreational activities (sports, swimming, bike riding) | 0 | 1 | 2 | 3 | 4 |
| 1. Completing household chores (cleaning room, other chores) | 0 | 1 | 2 | 3 | 4 |
| 1. Attending school and getting passing grades in school | 0 | 1 | 2 | 3 | 4 |
| 1. Learning skills that will be useful for future jobs | 0 | 1 | 2 | 3 | 4 |
| 1. Feeling good about self | 0 | 1 | 2 | 3 | 4 |
| 1. Thinking clearly and making good decisions | 0 | 1 | 2 | 3 | 4 |
| 1. Concentrating, paying attention, and completing tasks | 0 | 1 | 2 | 3 | 4 |
| 1. Earning money and learning how to use money wisely | 0 | 1 | 2 | 3 | 4 |
| 1. Doing things without supervision or restrictions | 0 | 1 | 2 | 3 | 4 |
| 1. Accepting responsibility for actions | 0 | 1 | 2 | 3 | 4 |
| 1. Ability to express feelings | 0 | 1 | 2 | 3 | 4 |
| **TOTALS** |  |  |  |  |  |
| **TOTAL** | | | | |  |
| **Functioning Score of 44 and below = *Critical Impairment*** | | | | | |

**Hopefulness and Satisfaction Scales**

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|  |  |
| --- | --- |
| 1. Overall, how satisfied are you with your relationship with your child right now? | 1. How satisfied are you with the mental health services your child has received so far? |
| 6. Extremely satisfied  5. Moderately satisfied  4. Somewhat satisfied  3. Somewhat dissatisfied  2. Moderately dissatisfied  1. Extremely dissatisfied | 6. Extremely satisfied  5. Moderately satisfied  4. Somewhat satisfied  3. Somewhat dissatisfied  2. Moderately dissatisfied  1. Extremely dissatisfied |
| 2. How capable of dealing with your child’s problems do you feel right now? | 2. To what degree have you been included in the treatment planning process for your child? |
| 6. Extremely capable  5. Moderately capable  4. Somewhat capable  3. Somewhat incapable  2. Moderately incapable  1. Extremely incapable | 6. A great deal  5. Moderately  4. Quite a bit  3. Somewhat  2. A little   1. Not at all |
| 3. How much stress or pressure is in your life right now? | 3. Mental health workers involved in my case listen to and value my ideas about treatment planning for my child. |
| 6. Very little  5. Some  4. Quite a bit  3. A moderate amount  2. A great deal  1. Unbearable amounts | 6. A great deal  5. Moderately  4. Quite a bit  3. Somewhat  2. A little  1. Not at all |
| 4. How optimistic are you about your child’s future right now? | 4. To what extent does your child’s treatment plan include your ideas about your child’s treatment needs? |
| 6. The future looks very bright  5. The future looks somewhat bright  4. The future looks OK  3. The future looks both good and bad  2. The future looks bad  1. The future looks very bad | 6. A great deal  5. Moderately  4. Quite a bit  3. Somewhat  2. A little  1. Not at all |

**Household Characteristics**

1. What is the total number of children age 19 or younger in your household?
2. What is the total number of adults age 20 or older in your household?
3. When you are with your child, do you speak any language other than English?  Yes  No

If ***‘Yes’***, what language?

1. What is the highest level of education you have completed?

Less than high school:  High school diploma or GED  Master’s degree

Enter grade  Associate degree  Professional school degree

Some college, no degree  Doctoral degree

Bachelor’s degree

1. Which of the following are you currently receiving? **(Check all that apply.)**

Ongoing payments from the government (SSI, SSDI, etc.)

Public assistance (food stamps, WIC, child care, etc.)

Housing assistance from the government (public housing or housing voucher, etc.)

Tribal assistance (housing, food, child care, etc.)

1. Have you changed your housing or living situation **in the past 90 days?**

Yes. How many times?

No

1. Do you feel safe in your current living situation?

Yes

No

1. **In the past 90 days**, have you or someone else been a victim of a crime in your neighborhood?

Yes

No

1. **In the past 90 days**, have you had a job?

Yes **[If yes, skip #10 and go to #11]**

No

1. What is the main reason you have not had a job **in the past 90 days**? **(Check only one.)**

Could not find a job.

Lack of transportation.

Lack of training/skills.

I do not choose to work outside the home.

I am attending school.

Unable to work for physical or mental health reasons.

Legal issues are keeping me from finding work.

My child’s behavioral issues prevent me from working.

1. How many times have you gone to an emergency room or crisis center **in the past 90 days? \_\_\_\_\_\_\_**
2. Why did you visit the emergency room or crisis center? **(Check all that apply.)**

Physical health

Mental health

Substance use

**Family Assessment**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Please tell us how well each  statement below describes your family (on a scale from 0 to 5).** | | **Not at all like my family** |  | | | | **Very much like my family** |
| 1. | My family spends too much time arguing. | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. | We don’t know how to work problems out. | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. | I don’t feel safe in my home. | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. | It is hard to know what the rules are in my family. | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. | We don’t trust each other. | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. | You can’t say what you really think in my family. | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. | My family is there for me. | 0 | 1 | 2 | 3 | 4 | 5 |
| 8. | I never know what to expect from my family. | 0 | 1 | 2 | 3 | 4 | 5 |
| 9. | It’s ok to talk about my feelings with my family. | 0 | 1 | 2 | 3 | 4 | 5 |
| 10. | My family doesn’t spend enough time having fun. | 0 | 1 | 2 | 3 | 4 | 5 |

**Enter data at:** [**systemsofcare.ou.edu**](mailto:systemsofcare.ou.edu)**. If you have questions, please email the E-TEAM YIS Help Desk at** [**yis.eteam@ou.edu**](mailto:yis.eteam@ou.edu)**.**